

Mar 15 2016 12:23PM HP FaxLaw Office 1(413)369 4244

page 2

MAR 16 2016

COMPLAINT CASE NUMBER:

OMB NO.: 2980-0718
EXPIRATION DATE: MAY 31, 2018
RESPONDENT BURDEN: 30 MIN.

Department of Veterans Affairs		COMPLAINT OF EMPLOYMENT DISCRIMINATION	
Read the instructions on the reverse side of this form carefully before completing the front of this form.			
1. NAME (Last, first, middle initial) (Print)		3. MAILING ADDRESS	
Almodovar, Carlos			
2. EMAIL ADDRESS		4a. WORK TELEPHONE NUMBER (Include Area Code)	
[redacted]@aol.com			
4. ARE YOU:		5a. JOB TITLE, SERIES AND GRADE	
<input checked="" type="checkbox"/> A VA EMPLOYEE		Diagnostic Radiologic Technologist	
<input type="checkbox"/> AN APPLICANT FOR EMPLOYMENT		5b. SERVICE/SECTION/PRODUCT LINE	
<input type="checkbox"/> A FORMER VA EMPLOYEE		Business Service Line	
		7. NAME AND ADDRESS OF VA FACILITY WHERE DISCRIMINATION OCCURRED	
		VA Maine Health Care System 1 VA Center Augusta, Maine 04330	
NOTE: For each employment related matter that you believe was discriminatory you must list the basis (list one or more of the following): Race (Specify), Color (Specify), Religion (Specify), Sex (Male or Female), National Origin (Specify), Age (Provide date of birth), Disability (Specify), Genetic Information (including family medical history), and/or Retaliation for participating in the EEO process or opposing unlawful discrimination.			
8. BASIS	9. CLAIM(S) (If not employment related claim(s) - personnel action(s), misdeed(s), or event(s) caused you to file this complaint? Briefly state the specific action, personnel action and/or event that caused you to file this complaint. Use an additional sheet of paper if necessary. You should not include information that violates the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA). Some examples are patient medical records, personnel records of other VA employees, etc.)		10. DATE OF OCCURRENCE (Include the most recent date(s))
Retaliation	Complainant is being retaliated against for participating in protected activity the most recent act was on January 22, 2016 and explained in attached additional sheets of paper entitled Attachment "A"		22 JAN 2016
Hostile Work Environment	The agency's acts of discrimination have created a hostile work environment that continues to increase in intensity. The most recent act was on 22 JAN 2016 (also see Attachment "A")		23 JAN 2016
Disability Discrimination	Complainant is a disabled veteran of 30% or more and has been discriminated because of his status as a disabled veteran, and disability in hiring decisions such as failure to properly evaluate qualifications, hire, or consider veterans preference. (see Attachment "A" alleging continuing discrimination).		22 JAN 2016
11. REMEDIES SOUGHT (Use an additional sheet of paper if necessary). Compensatory damages, attorney fees and costs and damages requested in attached letter entitled Attachment "A".			
12a. DO YOU HAVE A REPRESENTATIVE?		12b. PROVIDE THE NAME AND ADDRESS OF YOUR REPRESENTATIVE	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Robert Stone Law Office PO Box 183 South Deerfield, MA 01373-0183	
12c. IF "YES," IS HE OR SHE AN ATTORNEY?		12d. TELEPHONE NUMBER (Include Area Code)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(413) 369-4421	
13a. HAVE YOU CONTACTED AN EEO COUNSELOR?		13b. NAME OF EEO COUNSELOR	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Lydia Ward	
		13c. DATE OF INITIAL CONTACT WITH ORM	
		02/08/2016	
14. (If you contacted an EEO Counselor more than 45 calendar days after the Date(s) of Occurrence, listed in item 1b, or if this complaint is filed more than 15 calendar days after receipt of a Notice of Right to File a Discrimination Complaint, you must explain why you were unable to seek EEO counseling or why delay in filing a complaint. (Use an additional sheet of paper if necessary).)			
15a. HAVE YOU FILED A UNION GRIEVANCE ON ANY CLAIM(S) LISTED ABOVE?		15b. IF "YES," LIST THE CLAIM(S) AND DATE GRIEVANCE FILED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
15c. HAVE YOU FILED AN APPEAL WITH THE MERIT SYSTEM PROTECTION BOARD (MSPB) ON ANY OF THE CLAIMS LISTED ABOVE?		15d. IF "YES," LIST THE ISSUE(S) AND DATE MSPB APPEAL FILED	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
17a. HAVE YOU FILED THIS COMPLAINT WITH ANYONE ELSE?		17b. IF "YES," PROVIDE THE NAME AND ADDRESS	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
18. SIGNATURE OF COMPLAINANT (Do not print)		19. DATE	
Robert F. Stone, Esq., Attorney for Complainant		02/15/2016	

VA FORM 4939
MAY 2015SUPERSEDES VA FORM 4939, MAR 2014,
WHICH SHOULD NOT BE USED.

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